SEFA Notification o' lazardous Waste Sit€

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981

Please type or print in ink, If you need additional space, use separate sheets of paper. Indicate the letter of the item

IL-12

which applies. 8/0609 sation, and Liability Act of 1980 and must be mailed by June 9, 1981. 165-000-001-024 Person Required to Notify: Name WASTE MANAGEMENT OF ILLINOIS, INC. Enter the name and address of the person or organization required to notify. Street P.O. Box 563 city Palos Heights State IL Zip Code 60463 Site Location: Name of Site AURORA MUNICIPAL LANDFILL Enter the common name (if known) and actual location of the site. Rte 25 & E. Sullivan Rd. Kane State IL Name (Last, First and Title) Diver, Jeffrey - Envir. Counsel Enter the name, title (if applicable), and business telephone number of the person Phone 312/654-*88*00 to contact regarding information submitted on this form. **Dates of Waste Handling:** Enter the years that you estimate waste From (Year) early 60's To (Year) 1974 treatment, storage, or disposal began and ended at the site.

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category. Source of Waste:

Place an X in the appropriate boxes.

1.
Organics

2. M Inorganics

z. pa morganic

3.

Solvents

4.

Pesticides

5.

Heavy metals

6. Acids

7.
Bases

8. D PCBs

9. M Mixed Municipal Waste

10. M Unknown

11. Ø Other (Specify)

PAINT FILTER WASTES

1.
Mining

2. S Construction

3.

Textiles

4.

Fertilizer

5.

Paper/Printing

6. ☐ Leather Tanning

7. ☐ Iron/Steel Foundry

8.

Chemical, General

o. E pi di de la la la

9. ☐ Plating/Polishing

10. ☐ Military/Ammunition11. ☐ Electrical Conductors

12.

Transformers

13. Utility Companies

14. ☐ Sanitary/Refuse

15.
Photofinish

16. 🛭 Lab/Hospital

17. ☑ Unknown

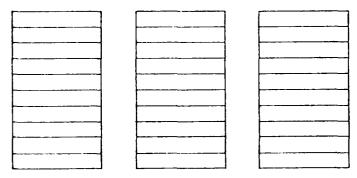
18. Other (Specify)

PAINTING OPERATIONS

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.



000265 381-981

EPA Region 5 Records Ctr.

Form Approved OMB No. 2000-0138 EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two		
=	Waste Quantity:	Facility Type	Total Facility Waste	e Amount
	Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	 Piles Land Treatment Mathematical Landfill Tanks Impoundment Underground Injection Drums, Above Ground Drums, Below Ground Other (Specify) 	cubic feet UNKNO	>WN
			gallons Total Facility Area	
			square feet	
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.		acres 100	A
	Known, Suspected or Likely Releases	to the Environment:		
_	Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.		☐ Known ☐ Suspect	ed 🗆 Likely 🗆 None
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.			
Н	Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	a l)		
	Description of Site: (Optional)			
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions. The provided in written and oral responses from employees of the reporting company, much of which may have been founded in hearsay, rumor, speculation and imperfect recollection of past events. No admission or representation is therefore made that any of the wastes handled by this company, or generically reported on this form, would actually meet a listed discription or characteristic of "hazardous waste" at 50 CFR, Part 261. Where a "facility waste amount" is indicated, it is, in most cases, a very crude estimation of "potentially hazardous waste," as in most cases, no records of waste types or quantities were available. If the reporting company is a "transporter," no representation is made that the company selected the reported site, nor that all of the waste types indicated were actually transported by the reporting company.			ten and oral cing company, erfect recolat any of the ould actually FR, Part 261. crude estimates or epresentation
J	Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".	Name W. Brand Bobosky, Asst. Street 900 Jorie Boulevard City Oak Brook State Signature		 □ Owner, Present □ Owner, Past ☒ Transporter □ Operator, Present ☒ Operator, Past □ Other